

Endometriosis

Endometriosis is a painful, chronic disease that affects 5 1/2 million women and girls in the USA and Canada, and millions more worldwide. It occurs when tissue like that which lines the uterus (tissue called the endometrium) is found outside the uterus - usually in the abdomen on the ovaries, fallopian tubes, and ligaments that support the uterus; the area between the vagina and rectum; the outer surface of the uterus; and the lining of the pelvic cavity. Other sites for these endometrial growths may include the bladder, bowel, vagina, cervix, vulva, and in abdominal surgical scars. Less commonly they are found in the lung, arm, thigh, and other locations.

This misplaced tissue develops into growths or lesions which respond to the menstrual cycle in the same way that the tissue of the uterine lining does: each month the tissue builds up, breaks down, and sheds. Menstrual blood flows from the uterus and out of the body through the vagina, but the blood and tissue shed from endometrial growths has no way of leaving the body. This results in internal bleeding, breakdown of the blood and tissue from the lesions, and inflammation - and can cause pain, infertility, scar tissue formation, adhesions, and bowel problems.

What are the Symptoms of Endometriosis?

- Pain before and during periods
- Pain with sex
- Infertility
- Fatigue
- Painful urination during periods
- Painful bowel movements during periods
- Other gastrointestinal upsets such as diarrhea, constipation, nausea.

In addition, many women with endometriosis suffer from:

- Allergies
- Chemical sensitivities
- Frequent yeast infections

Diagnosis is considered uncertain until proven by laparoscopy, a minor surgical procedure done under anesthesia. A laparoscopy usually shows the location, size, and extent of the growths. This helps the doctor and patient make better treatment choices.

What Causes Endometriosis?

The cause of endometriosis is unknown. The retrograde menstruation theory (transtubal migration theory) suggests that during menstruation some of the menstrual tissue backs up through the fallopian tubes, implants in the abdomen, and grows. Some experts believe that all women experience some menstrual tissue backup and that an immune system problem or a hormonal problem allows this tissue to grow in the women who develop endometriosis. Another theory suggests that endometrial tissue is distributed from the uterus to other parts of the body through the lymph system or through the blood system. A genetic theory suggests that it may be carried in the genes in certain families or that some families may have predisposing factors to endometriosis.

Source: Endometriosis Association

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Surgical transplantation has also been cited in many cases where endometriosis is found in abdominal scars, although it has also been found in such scars when accidental implantation seems unlikely. Another theory suggests that remnants of tissue from when the woman was an embryo may later develop into endometriosis, or that some adult tissues retain the ability they had in the embryo stage to transform reproductive tissue in certain circumstances.

Research by the Endometriosis Association revealed a startling link between dioxin (TCDD) exposure and the development of endometriosis. Dioxin is a toxic chemical byproduct of pesticide manufacturing, bleached pulp and paper products, and medical and municipal waste incineration. The EA discovered a colony of rhesus monkeys that had developed endometriosis after exposure to dioxin. Seventy-nine percent of the monkeys exposed to dioxin developed endometriosis, and, in addition, the more dioxin exposure, the more severe the endo.

Treatment for Endometriosis

Although there is no cure for endometriosis, a variety of treatment options exist. Goals may include: relieving/reducing pain symptoms, shrinking or slowing endometrial growths, preserving or restoring fertility, and preventing/delaying recurrence of the disease.

- **Pain Medication** - Over-the-counter pain relievers may include aspirin and acetaminophen, as well prostaglandin inhibitors such as ibuprofen, naproxen sodium, indomethacin, and tolfenamic acid. In some cases, prescription drugs may be required.
- **Hormonal Therapy** - Hormonal treatment aims to stop ovulation for as long as possible and may include: oral contraceptives, progesterone drugs, a testosterone derivative (danazol), and GnRH agonists (gonadotropin releasing hormone drugs). Side effects may be a problem for some women.
- **Surgery** - Conservative surgery seeks to remove or destroy the growths, relieve pain, and may allow pregnancy to occur in some cases. Conservative surgery can involve laparoscopy (outpatient surgery in which the surgeon can view the inside of the abdomen through a tiny lighted tube that is inserted through one or more tiny abdominal incisions - also referred to as "belly-button" surgery) or laparotomy (more extensive procedure, full incision, longer recovery period). Hormonal therapy may be prescribed along with conservative surgery. Radical surgery, which may be necessary in severe cases, involves hysterectomy, removal of all growths, and removal of ovaries.

Europe's leading reproductive medicine journal, Human Reproduction, reported that based on a study done by the Endometriosis Association and the National Institute of Health, women with endometriosis are significantly more likely than other women to suffer from a number of serious conditions. Endometriosis Association research beginning in 1980 showed links between endometriosis and allergies and other signs of immune dysfunctions which spurred its members to push for further research to determine what other diseases are more common in those with endometriosis.

A research team from the Endometriosis Association in Milwaukee; the National Institute of Child Health and Human Development, Bethesda Maryland; and the School of Public Health and Health Services at George Washington University in Washington D.C. carried out and analyzed a survey of 3,680 members of the Endometriosis Association who had endometriosis. They found that among these women:

- 20% had more than one other disease.
- Up to 31% of those with co-existing diseases had also been diagnosed with either fibromyalgia or chronic fatigue syndrome and some of these had other autoimmune or endocrine disease.
- Chronic fatigue syndrome was more than a hundred times more common than in the female U.S. population generally.
- Hypothyroidism was 7 times more common.
- Fibromyalgia was twice as common.
- The autoimmune inflammatory diseases, systemic lupus erythematosus, Sjögren's Syndrome, rheumatoid arthritis, and also multiple sclerosis occurred more frequently.
- Allergic and atopic conditions such as asthma and eczema were higher - 61% of the endometriosis sufferers had allergies compared to 18% of the U.S. general population, and 12% had asthma compared to 5%. If a woman had endometriosis plus an endocrine disease the figure for allergies rose to 72% and to 88% if she had endometriosis plus fibromyalgia or chronic fatigue syndrome.
- Two thirds reported that they had family members with diagnosed or suspected endometriosis, confirming research that suggested there is a familial tendency.